



January 3, 2006

TO: Nebraska Child Abuse Prevention Agencies

FROM: Peter Tulipana, Chairperson  
Nebraska Child Abuse Prevention Fund Board of Directors

RE: Prospective Child Abuse Prevention Grant Proposals for the 2006-2007 Year

Attached please find the 2006 Request for Proposal (RFP) from the Nebraska Child Abuse Prevention Fund (NCAPF). This application packet contains information and guidelines for two categories of grant proposals. The first is the **Program Grant** application for agencies wanting to provide prevention programs in their local communities/regions. It is located on pages 5-19. The second is the **Community Council Grant** application for community-based child abuse councils who want to enhance their local councils and/or implement smaller scale prevention activities. Council Grant guidelines are located on pages 20-26. If interested in providing services under either funding category, read the following material carefully and submit all requirements BEFORE THE MARCH 15, 2006 DEADLINE.

The NCAPF also provides mini-grants for child abuse prevention programming, however, this RFP is not designed for these mini-grants. If you are interested in requesting a mini-grant for a maximum of \$750.00, call Shirley Pickens-White at 402-471-9196 or email [shirley.pickenswhite@hhss.ne.gov](mailto:shirley.pickenswhite@hhss.ne.gov)

Things to look for in this RFP package:

1. Review the **checklist** pertaining to your grant category. You do not need to include the checklist with your proposal, but it provides a way for you to assure that your proposal is complete and eligible for review. ***Failure to submit all requirements with the proposal will result in your application not being considered for funding.*** The Program Grant Checklist is found on page 5 and the Community Council Grant Checklist on page 20.
2. Submit **one original and 12 copies** of the grant proposal. Only the copies may be double sided. Other formatting instructions are found within the Guidance section of this package.
3. **For previously funded projects that are entering their third year** of NCAPF funding, a **Replication Packet** is required along with a completed application. (See page 27 for Replication Packet required contents and instructions.)
4. Applicants must include evidence of **community coordination efforts** by:
  - a. Including letters of support and/or commitment\* from program partners and other key stakeholders in the service area, and
  - b. Including a signed Notification Form\*\* from the local Child Abuse Prevention Council, if one exists in your area. (Notification Form is found on page 19)

\*Letters of support must be from the current year and not copies from last year's proposal.

**\*\*Notification Forms** should be submitted to the local Child Abuse Prevention Council providing enough time for the Council to return the original Form to you, the applicant. ATTACH the completed form to your application. DO NOT have the Council send the form to the Child Abuse Prevention Fund state office, as it will not be duplicated and attached to your proposal. If you do not have a Council functioning in your community or service area, please state so under part XIV. COMMUNITY COORDINATION EFFORTS in the narrative.

5. **Audit Requirements** – First year applicants need to state whether you are operating on a fiscal year (July-June) or a calendar year (January-December) and when you expect an audit to be completed for your agency. *Second and third year applicants need to include a copy of the most recent audit along with your grant proposal.* If the audit is a full agency audit covering all programs you operate, please indicate via highlighting, flagging, etc. which part of the audit applies to the Nebraska Child Abuse Prevention Fund grant dollars. If your agency is not large enough to warrant an independent third-party audit, please submit a financial statement on financial institution letterhead reflecting the financial status for the program funded by the NCAPF Board.
6. **Budget Narrative** – Second and third year applicants must explain any budget changes, transfer of line item amounts among budget categories, etc., that differ from your last years approved budget. If you are requesting funds to purchase any of the same items listed in last years budget, please explain why these same materials/items are needed now and not purchased with prior funding.
7. **Source of Funding Identification Requirement** – The NCAPF Board will be identified as a source of funding for any program it funds. All written, displayed, and audio/visual materials must contain the statement “Funded in part or in full by the Nebraska Child Abuse Prevention Fund Board”.

After thoroughly reviewing the application Guidance, any additional questions you may have related to the Program Grant and Council Grant opportunities may be directed to:

Amy Welty  
Technical Assistant  
PH: 308.485.4711  
EM: [acwelty@cornhusker.net](mailto:acwelty@cornhusker.net)  
FX: 308.485.0182

OR

Shirley Pickens White  
NHHSS Program Specialist  
PH: 402-471-9196  
EM: [shirley.pickenswhite@hhss.ne.gov](mailto:shirley.pickenswhite@hhss.ne.gov)  
FX: 402-471-9034

The completed application must be **received before 5:00 p.m. on March 15, 2006**. If it is not in the possession of the Nebraska Child Abuse Prevention Fund staff by this date and time, your application will be returned without review. Applications sent via the U.S. Postal Service should be addressed to:

Shirley Pickens White  
NHHSS Office of Protection & Safety  
301 Centennial Mall South  
PO Box 95044  
Lincoln, NE 68509-5044

Use the street address of *301 Centennial Mall South, 5<sup>th</sup> Floor* when using another mail courier, such as UPS or Federal Express. Hand delivered applications are also accepted by the date and time given.

**Request for Proposals  
Nebraska Child Abuse Prevention Fund  
January 2006**

**INTRODUCTION**

The Nebraska Child Abuse Prevention Fund (NCAPF) was created by state statute on July 17, 1986. This legislation provided annual funding for community councils and programs across Nebraska whose mission and goals address child abuse prevention. Six priority uses of Child Abuse Prevention Funds are identified in the Nebraska Child Abuse Prevention Fund State Plan. Proposals must reflect a plan to address one or more of the priority areas. They are:

- Education and Support Services for Parents
- Family Life Education for Children and Young Adults
- Cooperation and Coordination of Community Organizations
- The Reduction of Violence in the Media and Entertainment for Nebraska Families
- Information and Education of the General Public and Community Professionals
- Reduction of Emotional Abuse of Children through Services for Children and Parents

On the Grant Application Cover Sheet, there is an area where applicants are required to identify the Nebraska Child Abuse Priority Area(s) that the submitted proposal addresses.

The NCAPF Board is accepting proposals in two categories:

- 1. Program Grants** First-year funding will be provided to new child abuse prevention programs on a competitive basis, up to a maximum award of \$25,000 per program. The CAPF Board has set a three-year limit for funding Program Grants. Funding for programs may extend for up to three years; however, second and third year grant dollars are provided via a Step-Down Award Process and are dependent upon successful completion of prior year goals and objectives. The Step-Down Award Process is as follows:
  - Year 1 – 100% award up to maximum \$25,000
  - Year 2 - 75% of Year 1 award, or \$18,750 maximum
  - Year 3 - 50% of Year 1 award, or \$12,500 maximumProgram proposals not submitted in consecutive years will still receive decreased funding upon resubmission and approval. NOTE: Child Abuse Community Councils that are in their first year of operation are not eligible for Program Grants.
- 2. Child Abuse Community Council Grants** A Child Abuse Community Council is a group organized to network community volunteers and professionals with a common interest in preventing and addressing issues of child abuse and neglect. Council goals should include education of the general public regarding the problem and prevention of child abuse and neglect in their community or region. NCAPF Council Grant funds may be used to develop new or expand activities of existing Councils. The NCAPF Board of Directors provides grants up to a maximum of \$1,000 to councils that meet criteria specified in the enclosed Guidance. Councils may be eligible for continuation funding for a maximum term of three years; however, a Step-Down Award Process will apply:
  - Year 1 – 100% award up to maximum \$1,000
  - Year 2 - 75% of Year 1 award, or \$750 maximum
  - Year 3 - 50% of Year 1 award, or \$500 maximum

**PROPOSAL CONDITIONS**

1. Agencies and organizations may submit a proposal for grant funds in one or both funding categories (e.g. one Program Grant proposal and one Council Grant proposal); **however**, each proposal must be for uniquely different projects and activities. Applicants who have proposed or have been awarded a Mini-Grant may not apply for a Program or Council Grant to fund the SAME activities as the Mini-Grant addresses.
2. A Mid-Year and Year-End Report is required of all grantees. The Mid-Year Report is due by January 15, 2007 and the Year-End Report is due on July 15, 2007. Reporting requirements include narrative descriptions of program performance in accordance with the goals, objectives and methods described in your grant proposal. A budget and budget narrative is also required in both reports. Failure to submit

reports will affect opportunities for continued funding of awarded projects. Disbursement of continuation funding will be withheld pending receipt and approval of Year-End Reports.

3. Funded projects may be required to submit to an outside evaluation, as determined by the NCAPF Board.
4. All required narratives, budgets, forms, and other items identified in the Program and Council Grant Guidance must be submitted with the original application in order for your application to be reviewed. Failure to submit complete documentation will result in return of your proposal, without review. Remember to submit the Local Child Abuse Council Notification Form, along with a summary of your proposal project and other pertinent information to the local child abuse council – providing ample time for their review and reply. The Notification Form must be attached to your original application.
5. This RFP does not commit the NCAPF or the Nebraska Department of Health and Human Services to award a contract, to pay any cost incurred in the preparation of a proposal to this request, or to procure or contract for services or supplies. The NCAPF Board reserves the right to accept or reject any or all proposals received as a result of this request.

### **PROPOSAL EVALUATION**

Proposals will be evaluated based on their responsiveness to the following questions:

1. Has the applicant clearly identified and substantiated an area of need?
  - a. Is the need consistent with state child abuse prevention priorities and other factors identified in the RFP guidelines?
2. Will the proposed activities have a significant, positive impact upon child abuse/neglect and will the citizens of the target area benefit from the project?
3. Is the project plan based on researched strategies that have been proven to prevent child abuse?
4. Does the application specify a sound work plan for accomplishing stated goals?
5. Is there a level of community support and/or community expressed need?
6. Are there other disciplines or agencies involved with the council or program?
7. Is there a volunteer or in-kind contribution identified?
8. Is there a plan for continuing proposed activities following the grant period?
9. Is the project replicable in other communities?
10. Is a description of the evaluation plan provided, and does it include a mechanism for measuring progress in meeting goals and objectives?
11. Is the budget sufficiently detailed and is the amount requested necessary and realistic in terms of the cost and effort required? Are administrative costs minimal?
12. Are the project timelines reasonable and attainable?
13. In general, does the overall quality of the proposal have merit?
14. If this is a third year program, is the replication packet attached?

### **PROPOSAL SUBMISSION AND AWARD TIMELINE**

March 15, 2006     Deadline for submission. Proposals will not be accepted after 5:00 p.m. on this date.

June 15, 2006     Notification sent to all applicant agencies regarding the status of their proposal.

July 1, 2006        Program start-up. Fiscal and program year begins.

ONE ORIGINAL PLUS 12 COPIES of the proposal must be submitted. Proposals should be addressed to:

#### Delivery Address

Nebraska Health & Human Services System  
Office of Protection & Safety  
5<sup>th</sup> Floor Mail Room  
301 Centennial Mall South  
Lincoln NE 68508-5044  
ATTN: Shirley Pickens White

#### Mailing Address

Nebraska Health & Human Services System  
Office of Protection & Safety  
ATTN: Shirley Pickens White  
PO Box 95044  
Lincoln NE 68509-5044

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Inquiries regarding this RFP should be directed to Amy Welty, Technical Assistant at 308-485-4711 telephone; [acwelty@cornhusker.net](mailto:acwelty@cornhusker.net) email OR to Shirley Pickens-White, NHHSS OPS Program Specialist at 402-471-9196 telephone; [shirley.pickenswhite@hhss.ne.gov](mailto:shirley.pickenswhite@hhss.ne.gov) email.

**Program Grant RFP Checklist**

- \_\_\_\_\_ Proposal submitted on time. One original and twelve copies included. ALL pages are numbered sequentially, including appendices and attachments. Total application package, including appendices and attachments, does not exceed 40 pages.
- \_\_\_\_\_ **Cover letter.** (Section I)
- \_\_\_\_\_ **Cover sheet** completed with appropriate signatures (Section II)
- \_\_\_\_\_ **Introduction** (Section III)
- \_\_\_\_\_ **Organization and Personnel** (Section IV). Includes (a) organizational chart for the total agency and project, (b) list of current board members, (c) job description for project manager/coordinator position, and (d) resume/cv for key personnel
- \_\_\_\_\_ **Documentation of Need** (Section V). Includes (a) local/state trends related to problem identified, (b) number of persons to be served, and (c) description of target population.
- \_\_\_\_\_ **Other Services** (Section VI). Identifies other similar services in the target area for the target population and how services will be coordinated if applicable.
- \_\_\_\_\_ **Project Plan** (Section VII). Includes thorough, yet concise narrative of goals, objectives, and outcomes and the work activities that will be completed to achieve them. Includes: Worksheet A (Project Plan), and Worksheet B (Project Service and Beneficiary Outline).
- \_\_\_\_\_ **Dissemination and Replication Plan** (Section VIII). For third year applicants, includes a completed Replication Packet.
- \_\_\_\_\_ **Budget Form** (Section IX).
- \_\_\_\_\_ **Budget Narrative** (Section X). Justification for each line item expenditure is provided.
- \_\_\_\_\_ **Worksheet C** (Project Projections for Second and Third Years of the Funding Period)
- \_\_\_\_\_ **Future Funding Plan** (Section XI).
- \_\_\_\_\_ **Audit Requirements** (Section XII). Program specific sections of agency wide audits have been highlighted. If organization is too small to warrant an audit, financial statements on banking institution letterhead is included.
- \_\_\_\_\_ **Drug-Free Workplace Policy.** (Section XIII).
- \_\_\_\_\_ **Community Coordination Efforts** (Section XIV). Includes (a) letters of support/commitment from partner or supporting agencies, and (b) completed Local Child Abuse Prevention Council Notification Form. Attach these documents to the proposal.

**FAILURE TO SUBMIT ALL REQUIREMENTS WITH THE PROPOSAL WILL RESULT IN YOUR PROPOSAL NOT BEING CONSIDERED FOR FUNDING.**

**Request for Proposals (RFP)**  
**Nebraska Child Abuse Prevention Fund Board**

**Category 1 - Program Grants**

**Program Guidance for First, Second, and Third Year Proposals**

**GENERAL INSTRUCTIONS and GUIDANCE**

**A. PROPOSAL FORMATTING INSTRUCTIONS**

1. Label each section of the proposal to correspond with the categories listed below, starting the narrative section with III. INTRODUCTION and following through XIV. COMMUNITY COORDINATION EFFORTS.
2. The total number of pages must not exceed 40, including appendices, but excluding the audit copy. Number all pages consecutively. Third Year applicants must also attach a copy of their Replication Packet with the proposal. This will not count against the 40 page limit.
3. Appendices should be included only where specifically requested. Brochures or other materials that are not easily copied will not be forwarded to grant reviewers. Provide enough information about your project in the narrative section to give reviewers a thorough understanding of the work goals, activities, and products without having to refer to appendices.
4. Use a standard font, like Times New Roman. Font size should be no less than 12 pt. Use 1" margins on all sides. The original proposal must be single-sided. Copies may be double-sided.
5. Applicants should attach one complete copy of their organization's most recent audit to the original proposal. See additional detail regarding audit issues under XII. Audit Requirements.
6. Send the original plus 12 copies to the address provided in the cover letter.

**B. CONTACT INFORMATION**

Applicants may pose questions concerning the development of the proposal to:

Shirley Pickens White                      OR  
NHHSS-Office of Protection & Safety  
Phone: 402.471.9196  
Fax: 402.471.9034  
Email: [shirley.pickenswhite@nhss.ne.gov](mailto:shirley.pickenswhite@nhss.ne.gov)

Amy Welty  
Technical Assistant  
Phone: 308.485.4711  
Fax: 308.485.0182  
EM: [acwelty@cornhusker.net](mailto:acwelty@cornhusker.net)

**C. RFP CHANGES**

Applicants who are current Nebraska Child Abuse Prevention Fund (NCAPF) grantees, or whom have applied for NCAPF monies in the past, should note that changes have been made to the Program Guidance from prior RFPs. Use this set of instructions to prepare your 2006-2007 grant application, and discard any outdated versions of the instructions.

**D. AVAILABILITY OF FUNDS**

At the time this Program Guidance is issued, the NCAPF is operating under the expectation that the annual appropriation of dollars from the Nebraska Legislature to the NCAPF will remain at the same level as previous years, approximately \$250,000.

## E. ELIGIBILITY

Any public or private group, agency, or organization outside of state government, may apply for an NCAPF grant. Entities in Nebraska whose mission, purposes and activities directly relate to the prevention of child abuse and neglect are encouraged to apply for Program Grants through the NCAPF.

Only one application for Program Grant funds may be submitted by a single organization in each funding cycle, i.e. no organization can submit more than one proposal annually.

## F. FUNDING PREFERENCES

In making funding decisions, preference will be given to applications that:

- 1) Focus proposed activities and grant dollars toward the primary prevention of child abuse. Primary prevention is defined as: *any intervention designed for the purpose of preventing child abuse before it occurs*<sup>1</sup>.
- 2) Address one or more priorities identified by the NCAPF Board
- 3) Address one or more recommendations of the Governor's Children's Task Force
- 4) Base their proposed activities on science-based research that has been proven to reduce the occurrence of abuse/neglect
- 5) Respond directly to child and family needs identified at the community level
- 6) Propose to use the vast majority of NCAPF dollars for direct services to ultimate beneficiaries, with minimal funds going toward administrative costs
- 7) Incorporate the use of volunteers, when appropriate to the project activities.

## G. APPLICANT COST PARTICIPATION

While applicants are not required to contribute matching resources to the total project cost, they are strongly encouraged to leverage other funds and contributions toward fulfillment of proposal goals. If no match contributions (cash or inkind [donated] goods and services) are identified in the proposal budget section, applicants must describe specific plans to leverage additional resources during the project period. This is a key factor in determining a project's sustainability after NCAPF dollars are expended.

## H. NCAPF BOARD PRIORITIES

To be truly effective in preventing child abuse and neglect, comprehensive services must exist across Nebraska. The NCAPF Board believes that the following six priority areas will contribute to building Nebraska's capacity to offer comprehensive prevention based services.

### 1. Education and Support Services for Parents

- a. Programs designed to allow parents to increase their knowledge and skills regarding child development and nurturance, beginning in the prenatal stage of child development.
- b. Programs designed to offer children a safe and stimulating environment that enhances all areas of growth and development, e.g. child care or respite care settings that support parents during times of stress; or home-based services that work with parents individually to create a safe and stimulating home environment.

### 2. Family Life Education for Children and Young Adults

- a. Educational services that prepare children and youth with:
  - i. interpersonal skills they will need as adults and parents
  - ii. safety skills to protect themselves from abusive/violent situations

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<sup>1</sup> *Primary Prevention of Child Abuse*. Lesa Bethea, M.D. *American Family Physician*. March 15, 1999. <http://www.aafp.org/afp/990315ap/1577.html> 10/10/2003

### **3. Cooperation and Coordination of Community Organizations**

- a. Programs designed to strengthen the system of care, and to reduce gaps and duplicative services, for children and parents
- b. Programs designed to increase the number and effectiveness of child abuse coordinating councils throughout Nebraska.

### **4. Reduction of Violence in Media and Entertainment**

- a. Community education and advocacy efforts that decrease exposure to violence in the media and in entertainment.

### **5. Information and Education of the General Public and Community Professionals**

- a. Broad-reaching, population-based and culturally-appropriate information and education programming that serves to inform and educate all parents about resources available in their communities to support their parenting role
- b. Education and information provided to community stakeholders, e.g. health professionals, civic and public leaders, and others, about the problem of child abuse and neglect; providing community-based motivation and linkage to proven methods of reducing child abuse in their communities

### **6. Reduction of Emotional Abuse of Children Through Services for Children and Parents**

- a. Community initiatives that heighten awareness and address the issue of mental and emotional health; especially as it relates to intra-family relationships
- b. Programs that encourage and directly support positive and nurturing relationships among children, parents, and other adult caregivers

## **I. GEOGRAPHIC CONSIDERATION**

The NCAFP Board makes every effort to distribute funding throughout Nebraska's three Congressional Districts. Geographic considerations may be taken into account when selecting Program Grant awards.

## **PROGRAM GRANT PROPOSAL CONTENTS**

The following subheadings should be used to structure your proposal contents. Label each category to correspond with the subheadings identified below, starting the narrative section with III. INTRODUCTION and continuing through XIV. COMMUNITY COORDINATION EFFORTS.

Applicants must respond to each of the content areas. Reviewers will rate responses on a scale of 0 to 5 points, with 0 reflecting no response to the content area and 5 reflecting an excellent response.

## **APPLICATION ORGANIZATION**

### **I. COVER LETTER**

The Chairperson of your organization's Board of Directors, or their designee, must sign the Cover Letter. The cover letter must be on the applicant's official letterhead and should provide a brief description of the proposed project. Its purpose is to assure the NCAFP that your Board endorses the proposal.

### **II. COVER SHEET**

Complete the required cover sheet, found on page 13 of this Guidance. Be sure to identify which NCAFP Priority Area(s) and Governor's Task Force Recommendation(s) is being addressed by your activities. Also be sure to identify the type of prevention strategy, Primary, Secondary and/or Tertiary, that your project will employ.



### III. INTRODUCTION

The introduction should inform grant reviewers about:

- 1) the organization's **credibility and capacity**,
- 2) **intended results** of the proposed project for beneficiaries,
- 3) **project outcomes** achieved to-date (if already operational), and
- 4) the **research-based model** your project is based upon **and** research **source** citation.

Information helpful to reviewers includes: a brief history of the organization; a description of ability to successfully carry out the proposed program, including accomplishments, awards, publications related to the program; descriptions of community collaborations and partnerships; board and volunteer involvement; research that shows effectiveness and outcomes of the program; etc.

Describe how the proposed child abuse prevention project fits within the organization's mission, purposes and goals. Provide a statement regarding why the organization is applying for these funds and how the project will compliment existing services and resources available through the organization.

### IV. ORGANIZATION AND PERSONNEL

Provide an **organizational chart** for the entire agency, clearly highlighting where the proposed project fits within the organizational structure. If known, **identify** by name the **key personnel** including the project manager/coordinator and volunteers that will be responsible for proposed project activities. If **volunteers** will be used in the project, provide a description of pre-service and ongoing training the volunteers will receive. Describe the specific roles and responsibilities of volunteers and identify project staff responsible for supervising volunteer work. If volunteers are not appropriate for your project, describe why this is the case.

Provide a brief **job description** for the project manager/coordinator position. The job description may be included as an attachment to the narrative. Identify the page number that the job description may be found, if attaching this document. Attach curriculum vitae or resumes of key personnel. **List the names of board members**, designating current officers.

NOTE: Bonus points may be awarded to applicant organizations that are accredited in a field of work related to your NCAPF proposal, and for key personnel that are credentialed to carry out proposed activities.

### V. DOCUMENTATION OF NEED

Provide current data and information concerning the need being addressed by the proposed program. Applicants should focus on the following:

- The specific problem(s) the proposal will address, who is experiencing the problem and who the target population is.
  - Provide information regarding demographic and socio-economic factors such as age, race/ethnicity, gender, income, educational attainment levels, marital status, and other characteristics of the intended beneficiaries
  - Identify local/state/national data and trends related to the identified problem and the target population (cite sources of such information)
- Identify specific child abuse and neglect priorities that the intended program will address.
- Discuss how the problem you've identified impacts the target population.
- Identify how program participants will be selected and the estimated number of persons to be served by the proposed program during the project period.
  - If applicable, state the number of persons served by the program in previous year(s).
- Identify previous working experience that your organization has with the target population.
- Identify the geographic location of services proposed under this application. Identify if it is an expansion of services already provided elsewhere.

## VI. OTHER SERVICES

Identify other services provided by local or state agencies that also address the specific problem/need in your geographic coverage area. Briefly explain any unique aspects of your proposed project that may not be offered by other agencies serving the same target population. Explain how your proposed program will support these other services, and how duplication will be avoided. Describe why your organization is the most appropriate within the local or regional array of services to implement activities proposed in the grant application.

## VII. PROJECT PLAN

Provide a **narrative description of the prevention approach selected for implementation**. Describe the organization's **rationale for selecting this approach** to child abuse prevention in your community(ies). Include a brief history of the specific program, specifying if it is a model of another program operating elsewhere. Identify the level of prevention to be addressed by the project, e.g. primary, secondary or tertiary.

If this is the second or third year of funding, **describe any changes** made to the design and delivery of services from the original program description.

Briefly discuss how the program approach and activities fit with the **NCAPF Board Priorities** and the **Governor's Task Force Recommendations**. (See pages 7-8 for NCAPF Priorities and Attachment D, pages 32-33 for Task Force Recommendations).

If activities are focused on a **target population group**, identify why you selected this population and discuss any applicable cultural or linguistic considerations. Describe any participant screening and selection criteria that will be used to enroll participants and what other resources are available for program applicants that will be put on a waiting list or are not eligible to participate in the program.

*In addition to the narrative description, complete the attached Project Plan Worksheets. Use **Worksheet A** (page 14) to identify the objectives, methods, outcomes, and timeframe of the proposed project. Use **Worksheet B** (page 15) to provide an estimate of the number of individuals and families to be served by this project. Use **Worksheet C** (page 18) to provide second and third year program projections.*

**OBJECTIVES** – Objectives must be observable, measurable and time specific. Objectives should be designed to address both system-level and direct-service level outcomes of the program.

Develop **direct-service level objectives** so that they 1) describe the anticipated outcomes of your program, 2) define the population served, and 3) state the date when the objective will be achieved. Where applicable, objectives should demonstrate what changes will occur in the participants behavior, attitude or skills as a result of the program.

Example of objective for direct-service level activities: *By June 30, 2007, increase from 50% to 90%, the proportion of first-time parents in Lakeside County who can name at least three ways to prevent injury and illness among infants, e.g. Shaken Baby Syndrome, during a home visit from a trained nurse, occurring within the first 72 hours after discharge from the hospital.*

Develop **system-level objectives** so that they demonstrate a change in the capacity of the program to effectively serve the target population.

Example of objective for system-level activities: *By December 31, 2006 increase from 2 to 8, the number of volunteers that complete curriculum training.*

OR

*By February 15, 2007, identify a minimum of three potential funding sources for continuation of program activities; complete an application for funding with at least one of these funding sources.*

**METHODS** – Clearly describe the program activities, or methods, which will be completed to achieve stated objectives. State the rationale for selecting these activities, describe the activities in sequence, and identify the person(s) responsible for carrying out the activity.

**OUTCOMES/EVALUATION** – The evaluation narrative must adequately describe how you will measure the impact of program services on the target population. The evaluation must demonstrate changes that will occur as a result of the program at the individual, family, community, and/or state level.

Define the outcome measurement/evaluation criteria; describe data gathering methods; explain any instruments or questionnaires that will be used or developed to measure outcomes; identify at what points in time evaluation activities will occur; identify who will be performing evaluation activities, how you selected the particular evaluator(s) and at what expense (if any); describe how evaluation results will be used; and describe any evaluation reports that will be produced and shared with interested parties. Attach any evaluation instruments that are already developed and that you intend to use.

#### **VIII. DISSEMINATION AND REPLICATION**

Include a specific plan for replication and dissemination of this project, including any products (curricula, brochures, procedures manual, etc.) that may result. Use the attached **replication packet list**, found on page 27, for guidance in determining what elements of a dissemination and replication plan that the NCAPF Board is interested in.

If this is the project's second or third year of funding from the NCAPF Board, describe the progress made to-date in sharing this project with other communities. If this is your project's third year proposal to the NCAPF Board, a copy of a completed Replication Packet (see page 27), must be attached to the proposal for the application to be considered for funding.

#### **IX. BUDGET**

Using the Project Budget Form and Budget Narrative instructions provided in this Guidance on pages 16-17, prepare a project budget for the 12-month grant period. Complete a breakdown of each budget category, listing line items and amounts for each. Identify matching funds. Matching funds are considered cash and non-cash resources that are needed to fully operate the project. Non-cash resources are also known as INKIND, or donated, goods and services. For example, volunteers that receive no compensation for their assistance to the project are considered "inkind personnel". Other examples of inkind match could be the use of agency computers and other office machines for project related work, donated office rent and utilities for project staff, parent education materials provided by a partner agency, etc. Fair market values should be assigned to all matching funds.

#### **X. BUDGET JUSTIFICATION**

Provide a narrative justification explaining the specific uses of every line item identified in the Project Budget Form (for both funds requested and matched). Be very clear about the intended use of funds. Document the calculation used to determine the budget line item amounts. (See instructions on page 17) Matching contributions, both cash and non-cash, must include identification of the source of those funds and the calculation used to determine value. An example of justifying Internet Connectivity as an inkind contribution to the project would be as follows:

*Internet Connectivity for staff and participants to access research and information via the World Wide Web on parenting and child development issues. Value of this inkind contribution is figured at \$16.95/month for Internet service x 12 months = \$203 (rounded amount).*

If the project you are requesting NCAPF dollars for is only one small piece of a much larger organizational budget, provide a **brief statement concerning why this funding is needed**. Discuss what other organizational resources will support the NCAPF project. Identify any other funding sources that have been pursued to support the proposed project and the results of those other funding requests.

**SPECIAL BUDGET NOTE:** Applicants should be aware that if awarded NCAPF monies, the budget amounts you propose in each line item category must be followed throughout the entire 12-month project period. Any budget line item deviation equal to or greater than 10% requires NCAPF Board approval BEFORE the expenditure is made. Failure to request NCAPF Board approval of budget changes may result in that line item expenditure being disallowed.

#### XI. FUTURE FUNDING

Provide a written plan to assure future funding for this project. Explain how full funding will be achieved in the second and third years of NCAPF funding, in light of the fact that NCAPF dollars will gradually lessen due to the Step-Down Award Process (75% of original grant in YR2, 50% of original grant in YR3). Describe how the program will be sustained at the conclusion of NCAPF involvement.

If any fees-for-service are proposed as part of your NCAPF project, describe: 1) who will be charged for the service, 2) how fees will be assessed (sliding scale based on income, etc.), 3) the exact fee amounts proposed, 4) consequences to beneficiaries if they can not pay the fee, and 5) how program income generated from fees will be used by the applicant organization. Applicants whose projects are selected for funding, must include the exact amount of program income generated and re-invested in the program in their Mid-Year and Year-End Reports.

#### XII. AUDIT REQUIREMENTS

Projects funded by the NCAPF Board are required to submit an annual audit or financial statement reflecting financial status of **THIS PROGRAM ONLY**. Eligible recipients must notify the NCAPF Board of the expected date of audit completion. The first audit must cover the first full fiscal year of the project (July 1 through June 30), even if your agency's fiscal period operates on a calendar year. If your NCAPF award audit is part of a larger agency-wide audit, please indicate by flagging, underlining, highlighting, etc., the portion of the complete audit that is applicable to the NCAPF program. Second and third year projects need to include a copy of the most current audit with the grant proposal.

NOTE: If your organization is not large enough or does not receive enough state or federal funds to require an independent third-party audit, a detailed financial statement may suffice for the audit requirements. Financial statement materials submitted in lieu of a third-party audit must include an official bank statement identifying NCAPF and other funds held by your organization.

#### XIII. DRUG-FREE WORKPLACE

Attach a copy of your organization's policy concerning a drug-free workplace. No proposal will be considered for funding without this policy.

#### XIV. COMMUNITY COORDINATION EFFORTS

Attach letters of support from collaborating agencies, beneficiaries of the program you are proposing in this application, and others who concur with your proposed goals, objectives, and methods of preventing child abuse and neglect in the targeted geographic area.

If a Child Abuse Prevention Council exists in your area, have them complete the Notification Form (page 19), providing the NCAPF Board with evidence of their knowledge and support of your proposed activities. It is recommended that you contact the local Child Abuse Prevention Council early in the development of your proposal to solicit their input and guidance in project activities.

An updated listing of Child Abuse Prevention Councils is found as Attachment B, pages 28-29 of this Guidance. Applicants MUST include the form with the NCAPF Program Grant proposal.

**COVER SHEET**  
**Program Grant Application**  
Nebraska Child Abuse Prevention Fund (NCAPF)

**Project Title:** \_\_\_\_\_

**Type of Application:** New \_\_\_\_\_ Continuation \_\_\_\_\_ **Year of Funding** \_\_\_\_\_  
(1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup>)

**NCAPF Priority Area(s) Being Addressed:** \_\_\_\_\_

**Governor's Children's Task Force Recommendation(s) Being Addressed:**

**Type of Prevention Strategy:** Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Tertiary \_\_\_\_\_

**Project Director – Main Contact Person:**

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Applicant Organization:**

**Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Physical Address** \_\_\_\_\_

**City, Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Federal ID Number** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Executive Officer or Board President**

\_\_\_\_\_  
**Date**

**Amount of Funding Requested \$** \_\_\_\_\_

**Brief Description of Project** (concise statement of purpose and brief explanation of key program components and target population)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORKSHEET A  
PROJECT PLAN

Objectives	Methods/Activities	Results/Outcomes	Method(s) of Evaluation	Timeframe Start-to-Completion Date

**WORKSHEET B**  
**PROJECT SERVICE and BENEFICIARY OUTLINE**

This information pertains to the portion of the program funded by the NCAPF only. List the type of service (activity) to be provided and the total number of sessions to be held. Identify the number of UNDUPLICATED individuals that will benefit from each activity proposed in your Program Grant application over the next 12-month period. (Unduplicated refers to counting each service beneficiary one time only.) The activities listed in the far left column must correspond to the methods/activities identified in Worksheet A, Project Plan.

Service/Activity	Projected <b>Sessions</b> to be Held			Projected <b>Individuals</b> to be Served		
	1 <sup>st</sup> 6 Months	2 <sup>nd</sup> 6 months	Year Total	1 <sup>st</sup> 6 months	2 <sup>nd</sup> 6 months	Year Total
<i>Example: Complete home visits with first-time parents within 72 hrs of hospital discharge.</i>	25	25	50	60	75	135

## Project Budget Form

### I. Line Item Budget

Category	NCAPF Amount Requested	Other Sources of Funding (Match)	Total Project Cost
Salaries			
Fringe Benefits			
Consultants/Contracts (specify)			
Travel			
Office Supplies			
Rent/Utilities			
Equipment			
Training Materials			
Program Materials			
Special Activities (specify)			
Other (specify)			
<b><u>TOTAL</u></b>			
<b><u>% of TOTAL Project</u></b>	%	%	%

NOTE: Remember to keep any proposed administrative/overhead costs to a minimum. Grant reviewers will award more points to proposals that request little or no administrative costs and budget the vast majority of funds to direct service with intended beneficiaries. INDIRECT COSTS ARE NOT ELIGIBLE EXPENSES within the NCAPF budget. See Attachment C, pages 30-31, to view the NCAPF Board's Administrative Costs Policy for more information.

***Budget Narrative Instructions follow on the next page.***



## Project Budget, Continued

### II. Budget Justification

Provide a thorough, yet concise description of line item expenditures included in *I. Line Item Budget* on the preceding page. Applicants should be aware that if awarded, you must adhere to the budget submitted in your proposal and approved by the NCAPF Board. **Any budget line item changes that deviate by more than 10% REQUIRE NCAPF Board approval BEFORE the expenditure is made, or the cost will be disallowed.**

Organize your budget narrative to follow the categorical order in the *I. Line Item Budget*. If awarded NCAPF Program Grant dollars, you will be required to provide a quantity and cost breakout of expenditures in the Program Materials, Training Materials, and Equipment line items in your Mid- and Year-End Reports. For example: 8 training manuals @ \$25.00 each. 100 parent workbooks @ \$1.75 each, etc.

If your budget includes expenditures for consultants or other contracts/contractors, identify in the Budget Justification whom the intended consultant/contractor is, the service they will provide, the number of hours they will contribute and the cost per hour for their services.

If your organization intends to charge program beneficiaries or other third parties for services provided with NCAPF dollars, you must include the amount of expected program income generated by service fees in the budget under Other Sources of Funding. Explain how you determined the expected program income amount in the Budget Justification. For example: Registration Fees for 20 training participants @ \$50 each. Explain how any program income generated with NCAPF dollars will be re-invested in the program activities.

Remember to identify the source and calculation used to determine the value of all Other Sources of Funding (Match) presented on the Budget Form.

Begin your Budget Justification below and use as many additional pages as necessary to enable reviewers to understand each proposed expenditure.

**WORKSHEET C**  
**Project Projections**  
**For Second and Third Years of the Funding Period**

**PROJECT TITLE:** \_\_\_\_\_

	<u><b>Year One</b></u> (actual or projected)	<u><b>Year Two</b></u> (actual or projected)	<u><b>Year Three</b></u> (actual or projected)	<b>% Increase/ Decrease between 2<sup>nd</sup> and 3<sup>rd</sup> Years</b>
1. \$ Received from NCAPF				
2. Total Project Cost				
3. Percent of NCAPF \$ to Total Project Cost (1. divided by 2.)				
4. % Budget Spent on Personnel (salaries + fringe)				
5. % Budget Request for Administrative Costs				
6. # of Volunteers				
7. # of volunteer hours per month (estimated)				
8. Total # of Beneficiaries (unduplicated)				
9. Value and Nature of Other Resources (excluding volunteers)				

**LOCAL CHILD ABUSE PREVENTION COUNCIL  
NOTIFICATION FORM**

**Section I**

TO BE COMPLETED BY GRANT APPLICANT

Date: \_\_\_\_\_ Project Title: \_\_\_\_\_

Applicant Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip \_\_\_\_\_

Phone: \_\_\_\_\_

We are applying for a grant from the Nebraska Child Abuse Prevention Fund for the amount of \$\_\_\_\_\_. Enclosed please find a description of the project we plan to offer. After reviewing the enclosed project description, we request that an authorized representative of the Child Abuse Council sign this form acknowledging that you are aware of the project we wish to offer in the Council's service area. Please use the enclosed self-addressed, stamped envelope to return this completed form to our organization for inclusion in our grant proposal to the Nebraska Child Abuse Prevention Fund by \_\_\_\_\_ date).

Thank you for your time.

**Section II**

TO BE COMPLETED BY LOCAL CHILD ABUSE PREVENTION COUNCIL

Council Chair (Typed Name): \_\_\_\_\_

Local Council Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Comments about the Proposed Project:

Signature of Council Chair: \_\_\_\_\_

**COUNCIL GRANT RFP CHECKLIST**  
(Grant Category 2, pages 20-25 of this Guidance)

- \_\_\_ Proposal submitted on time with one (1) original signature and twelve (12) copies. ALL pages must be consecutively numbered.
- \_\_\_ Unique aspects of the proposed project are described.
- \_\_\_ Future funding plans for securing funds for this project after the NCAPF dollars are expended are described.
- \_\_\_ Project Budget Form and Budget Narrative explaining each line item cost are included.
- \_\_\_ Other services which address the same or similar need in the target area are described.
- \_\_\_ Other Child Abuse Prevention Councils operating in the target area are identified, if applicable.
- \_\_\_ The most recently completed audit or thorough financial statement is attached.
- \_\_\_ The applicant's Drug-Free Workplace policy is attached.
- \_\_\_ Letters of Support from partner organizations and other community organizations with an interest in the project are included.

FAILURE TO SUBMIT ALL REQUIREMENTS WITH THE PROPOSAL WILL RESULT  
IN YOUR PROPOSAL NOT BEING CONSIDERED FOR FUNDING.

**Request for Proposals  
Child Abuse Community Council Grant Program**

**Category 2 - Council Grants**

**I. Community Council Proposal Form**

Complete all information requested in the Community Council Proposal Form (pages 23-26).

NOTE: The NCAPF Board of Directors is particularly interested in community-based councils that provide public awareness and education campaigns to achieve the following purposes:

- Bring parents the message that parenting is challenging and that it is okay to reach out for help.
- Provide parents with information about where to turn for help in parenting.
- Provide community networking with all agencies and groups that are involved with prevention, intervention and treatment of child abuse and neglect.
- Increase volunteer and professional provider awareness of child abuse prevention, dynamics of child abuse, and programs available in their communities.

Community Council proposals should address the development or expansion of community-based child abuse councils that provide supportive resources and services to children and families to enhance and strengthen the family unit. Proposals may include such objectives as:

1. To stimulate greater public awareness of and education about the specific ways in which child abuse can be prevented.
2. To advocate for public and private sector policies and programs aimed at preventing child abuse.
3. To develop, strengthen, and expand local child abuse prevention activities.
4. To strengthen relationships among organizations working to prevent child abuse.

**II. Budget**

Council expenses such as salaries, materials, travel, communication costs, etc., which the proposal seeks to cover through a NCAPF Council Grant award, should be identified in a budget format. The funds granted by the NCAPF Board need to be accounted for separately from other Council funds. The budget should include a complete description of other resources used for the NCAPF funded project, e.g. cash and material donations, other grants, any program income generated by the project through fees charged for services, training, etc.

If any fees-for-service are proposed as part of your NCAPF project, describe: 1) who will be charged for the service, 2) how fees will be assessed (sliding scale based on income, etc.), 3) the exact fee amounts proposed, 4) consequences to beneficiaries if they can not pay the fee, and 5) how program income generated from fees will be used by the applicant organization.

Applicants, whose projects are selected for funding, must include the exact amount of program income generated and re-invested in the program in required financial reports.

### **III. Drug-Free Workplace Policy**

Council Grant applicants must attach a copy of your organization's policy concerning a drug-free workplace. No proposal will be considered for funding without the attachment of this policy.

### **IV. Audit Requirements**

Councils that are funded by the Nebraska Child Abuse Prevention Fund Board are required to submit an annual audit OR financial statement reflecting the financial status of the NCAPF funded project only. Eligible recipients must notify the NCAPF Board of the expected date of the audit or financial statement completion and when the document(s) will be available for review. The first audit must cover the first full fiscal year of the project period (July through June) even if your organization's fiscal year operates on a calendar year basis.

**COMMUNITY COUNCIL PROPOSAL FORM**

**Council Name:** \_\_\_\_\_

**Council Contact Person:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Zip Code**

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Federal ID#** \_\_\_\_\_

**Amount of Council Grant Funds Requested: \$** \_\_\_\_\_

**Year of Funding:** 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

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**Respond to questions 1. – 10. below. Use no more than 4 pages total for your responses.**

**1. Provide a brief history of your Community Child Abuse Council.**

**2. Identify the geographical area to be served with the NCAPF Council Grant award.**

**3. List your council's objectives in order of priority and include activities or methods that the council has established to achieve stated objectives.**

- 4. Does the council have other priorities and/or projects outside the realm of child abuse and neglect? If yes, identify other purposes, priorities, and programs that are carried out by the council.**
  
  
  
  
  
  
  
  
  
  
- 5. Name the long-range goals and plans that your council has established in the area of child abuse and neglect. (Preferably three-to-five year goals/plans)**
  
  
  
  
  
  
  
  
  
  
- 6. Has the Council established an evaluation plan and methodology for determining progress in meeting its short and long-term goals? If yes, briefly describe. If no, describe how and when the Council will address the need to develop an evaluation plan.**
  
  
  
  
  
  
  
  
  
  
- 7. Attach a list of active participants in your council or those persons working collaboratively to form a new council. Include the agency name or organizational affiliation of each participant.**



8. Prepare and submit a budget that includes projected costs for the NCAPF Council Grant award. Use the Project Budget Outline provided below to identify NCAPF costs and other contributions, cash, inkind match/donations, other grants that the council has received or applied for in the past 12 months, etc. A separate narrative paragraph should be provided to discuss plans for continuation of the proposed NCAPF grant activities after NCAPF dollars are expended. Applicants are eligible for a maximum grant of \$1,000 in the first year of their NCAPF project, 75% of the year one award in year two – or a max of \$750, and 50% of the year one award in year three, or a max of \$500.

**EXAMPLE of budget format:**

Activity	NCAPF \$ Requested	Other Contributions (Name Source & Amount)	Total Project Cost
1. PERSONNEL Costs (Identify each position separately) a. Salaries b. Fringe Benefits			
2. CONTRACTS (Identify contracted personnel or services)			
3. TRAVEL a. Mileage b. Lodging c. Per Diem d. Other			
4. OPERATING COSTS a. Office Supplies b. Telephone c. Postage d. Printing/Copies e. Rent/Utilities f. Training Materials g. Educational Materials h. Equipment i. Other (Identify) _____ _____ _____			
5. SPECIAL ACTIVITIES (identify) _____ _____			
6. OTHER (identify) _____ _____ _____			
Totals			

- 9. Attach a copy of your Council's Drug Free-Workplace Policy. If your Council does not have a Drug-Free Workplace Policy in place, please contact the NCAPF Technical Assistant for sample policies.**
  
- 10. Attach Letters of Support and/or Commitment to your Council's project from community organizations.**

**Program Replication Packet Guide  
2006**

The Replication Packet for Program Grant grantees is due with the submission of the third year Program Grant Proposal. The purpose of the packet is to assist other Nebraska communities/organizations in offering similar child abuse prevention programs. The packet of information that you provide will reduce the amount of time and cost involved in replicating programs across Nebraska.

Your Replication Packet should include the following information:

1. Cover Letter – provide a general overview of the program, explaining when the program was started, the overall cost of the program, contact information for key program personnel, etc.
2. Problem or need that the program alleviates
3. Population served
4. Description of services provided
5. Outcomes
6. Successes
7. Challenges or barriers experienced
8. Budget
9. Future funding – describe how your organization and other partners are sustaining the program activities after NCAPF grant dollars are expended
10. Advertising efforts that were/are used to inform the public or target population about the program
11. Brochures – be sure to include a copy of any brochures developed and used for the program
12. Curricula – include a copy of any curriculum developed or used for the program. If the curriculum is voluminous, identify an internet web site or provide other contact information that others may access to review the complete curriculum
13. Evaluation instruments – attach copies of evaluation instruments your program uses to measure results of project activities
14. Staffing requirements – include a description of staffing and their qualifications needed to fully operate the program
15. Space requirements
16. Equipment requirements – equipment is generally defined as durable goods and products costing over \$5,000
17. Volunteer requirements and recruitment – if your program uses volunteers as part of the staffing pattern, identify the number of volunteers used, expertise and training needed, their roles and responsibilities, any liability waivers, etc. that are needed
18. Additional recommendations – provide any other information, materials, or guidance that other organizations may find useful in their replication efforts

**Local Child Abuse and Neglect Prevention Councils  
Updated December 2005**

<b>Community Base</b>	<b>Council Name</b>	<b>Contact Person</b>	<b>Phone Number</b>	<b>Address</b>
Auburn	Project Response	Phyllis Heidzig	1.800.456.5764	PO Box 213 Auburn NE 68305
Beatrice	Personal Safety Awareness Committee	Pat Timm	402.228.4054	5109 W. Scott Rd., #410 Beatrice NE 68310
Burwell	G.L.W. Children's Council	Janet Hanna	308.346.4200	PO Box 638 250 S. 8 <sup>th</sup> Ave. Burwell NE 68823
Chadron	Northwest Community Action Head Start	Erica Fistler	308.432.5018	270 Pine Street Chadron NE 69337
Dawson County	Dawson Co. Child Abuse Prevention Team	Curt McBride, County Attorney	--	700 North Washington Lexington NE 68850
Elwood & Gosper County	Gosper County Child Abuse Prevention Team	Todd Wilson, County Attorney	--	PO Box 325 Elwood, NE 68937
Grand Island	Association for Child Abuse Prevention (ACAP)	Dori Bush	--	PO Box 1434 Grand Island NE 68802-1434
Kearney	Child Abuse Resource and Education (C.A.R.E.)	Erin Merryman	308.865.5675	PO Box 2288 Kearney NE 68848
Lexington	Dawson County Parent-Child Center	Attention: Melanie	308.324.2336	PO Box 722 Lexington NE 68850
Lincoln	Community Child Abuse Prevention Council	Kit Boesch	402.441.7447	555 South 10 <sup>th</sup> St. Lincoln NE 68508
Loup City	Sherman County Child Abuse Protection & Treatment Team	Shelia Eloie	--	PO Box 621 612 O Street Loup City NE 68853
McCook	Southwest NE Child Advocacy Team	Dennis Radford	--	PO Box 4 McCook NE 69001
Norfolk	Norfolk Area Child Abuse Prevention Council	Tracey Olson	402.644.4749	PO Box 1032 Norfolk NE 68702

## ATTACHMENT B

<b>Community Base</b>	<b>Council Name</b>	<b>Contact Person</b>	<b>Phone Number</b>	<b>Address</b>
North Platte	Lincoln County Child Abuse Prevention Council	Cindy Jones	--	PO Box 393 North Platte NE 69103
Omaha	Metropolitan Child Advocacy Coalition	Barb Maxwell	--	PO Box 6646 Elmwood Park Station Omaha, NE 68106
O'Neill	O'Neill Child Wellness Network	Linda Olson	402.336.2750	PO Box 12 223 South 4th O'Neill NE 68763
Pierce	Pierce Community Council on C.A.N.	No Name Provided	No phone # given	PO Box 203 106 E. Main Pierce NE 68767
Seward	--	Monique Oates	--	PO Box 190 Seward NE 69337
St. Paul	Kids First in Howard County	Dori Dorsey	No phone # given	PO Box 430 Cairo NE 68824
Valentine	Valentine Child Abuse & Neglect Team	Ross Tomjack	--	504 E. Hwy 20 Valentine NE 69201
Winnebago	Winnebago Child Protection Service Committee	Janelle Spain	No phone # given	Winnebago Tribal Council PO Box 721 Winnebago NE 68071

**RFP ATTACHMENT C**

**Administrative Costs Policy  
of the  
Nebraska Child Abuse Prevention Fund (NCAPF) Board of Directors**

**Purpose:** The purpose is to define certain administrative terminology and to document the policy of the Nebraska Child Abuse Prevention Fund Board (NCAPF BOD) in the use of NCAPF monies for administrative costs incurred by grantees as part of the programming and delivery of direct services to ultimate beneficiaries of NCAPF grant awards.

**Definitions:**

*Administrative Costs* – Costs classified as “administrative” are those expenses related to the overall management of the program, and without which direct service to program beneficiaries would not be possible. These expenses can be in both the personnel and non-personnel categories.

- a. Organization-wide management functions such as planning, coordination, and direction; budgeting, accounting, and auditing; and management of purchasing, property, payroll, and personnel are generally known as administrative, or overhead, costs.
- b. Administrative costs include, but are not limited to, salaries of the organization’s executive director, human resource/personnel officer, fiscal officer and staff, janitors for administrative office space, and costs associated with volunteers carrying out administrative functions.
- c. Other administrative costs include expenses related to administrative staff functions, such as the costs allocated to fringe benefits, travel and per diem, expenses related to bookkeeping and payroll services, audits, and bonding; and to the extent they support program development and administration functions and activities, the costs of insurance, supplies, copy machines, postage, and utilities, and occupying, operating and maintaining office space.
- d. Rent and utilities for office space/real estate that is occupied on a frequent basis, e.g. daily, by program staff is usually considered an administrative, or overhead operating, cost.

*Program Costs* – Program costs are those expenses directly related to the provision of specific program component services and component-specific training and transportation for staff, parents and volunteers. Program costs can include, but are not limited to:

- a. salaries and benefits of program staff working day-to-day in the direct delivery of services
- b. other expenses directly related to the provision of services, such as supplies, consumable office materials used by staff (file folders, paper, ink cartridges etc.), postage, mileage, consultant fees for evaluation or outcomes research activities, program component specific training for staff/parents/volunteers, educational materials for beneficiaries and other providers, etc.
- c. Rent and utilities for real estate not occupied on a daily basis by program staff, which is rented or leased for the purpose of providing direct services to beneficiaries (such as renting a conference room for parent education classes or volunteer training) is usually considered a program cost.

*Indirect Costs* – those grantee costs that are incurred for common or joint objectives and cannot readily be identified with a particular final cost objective. Typical examples of indirect costs for many non-profit organizations may include depreciation or use allowances on buildings and equipment, the costs of operating and maintaining facilities, and general administration and general expenses, such as the salaries and expenses of executive officers, personnel/human resource officers, and accounting staff.

*Indirect Cost Rate Agreement* – A written agreement entered into between an organization and the United States Department of Health and Human Services, which sets an approved indirect cost rate for the organization's expenses approved as 'indirect costs'. This agreement usually applies only to federal funds received by the organization.

### **NCAPF Administrative Costs Policy:**

1. Administrative costs are an integral part of conducting grantee business and in carrying out the direct service work described in approved grant applications; however, reasonableness must be exercised by the grantee in relation to cost allocations for direct service delivery and general administration. Based on this belief, the NCAPF BOD sets the following guidance in relation to administrative costs that may be paid for in whole or in part with NCAPF grant dollars:

- a. Indirect Cost Rate Agreements are not applicable to NCAPF grant awards, i.e. federally approved indirect cost rates will not be honored by the NCAPF BOD and are therefore not allowable within NCAPF approved budgets.
- b. Preference in grant award selection will be given to those applicants that propose only minimal administrative costs within their NCAPF budget plan. When the applicant does not self-identify a difference between administrative and program costs within their budget proposals, the NCAPF BOD members will determine from the applicant's budget and grant narrative which costs are general administrative in nature, and which costs are direct program costs. The NCAPF BOD reserves the right to disallow administrative costs deemed excessive.
- c. No separate 'administrative costs' line item will be allowed in NCAPF funded grants. Applicants must incorporate general administration costs into prescribed budget line item categories identified on the Budget Form, and must describe the appropriateness of requesting NCAPF grant dollars for such costs in their budget narrative description.
- d. There shall be no "allowable" or "unallowable" costs identified by NCAPF BOD policy. Rather, decisions regarding approval of each budget item will be made independently of one another, based on the applicant's/grantee's proposed scope of services and demonstrated need.

**Governor's Children's Task Force**

**Recommendation Excerpts Taken from the Final Report, December 23, 2003**

***To View the Complete Report, Log On to the Following Web Site:***

**<http://gov.nol.org/childtaskforce/finalReport.html>**

Recommendation 1.1: Implement voluntary universal home visitation services for new parents on a statewide basis.

Recommendation 1.2: Conduct drug screening of newborns and services for follow-up, including treatment programs for mothers.

Recommendation 1.3: Encourage the State Department of Education to require child abuse prevention education to be part of the curriculum in public and private schools.

Recommendation 1.4: Conduct public service announcements on various topics, i.e. shaken baby syndrome, co-dependency, dangers of leaving children with substance abusing adult (in particular meth users), etc.

Recommendation 1.5: Oversight of the State Child Death Review Team's review of child maltreatment related deaths should be assigned to an agency that does not have a potential conflict of interest in the outcome of the review. A process for local child death reviews should be instituted under the administration of the State Attorney General's Office.

Recommendation 1.6: Mandatory training on child maltreatment for professionals who work with children and who are licensed to practice in the State of Nebraska.

Recommendation 1.7: Expand mental health treatment for children and youth to ensure early identification and treatment of problems.

Recommendation 1.8: Drug Courts which incorporate treatment in their program should be established locally and be funded by a combination of federal, state and local funds. The use of Family Drug Courts to mandate treatment of all household members should be explored and the development of pilot programs encouraged.

Recommendation 2.1: Child maltreatment reports involving children under the age of 6 are given priority for a response.

Recommendation 2.2: State law should be amended to require CPS and law enforcement to investigate reports alleging children are in a home where they witness domestic violence or children are in a home where drugs are used, manufactured, or available to the children. HHS policy regarding domestic violence and substance abuse allegations should be changed accordingly.

Recommendation 3.1: Clarify the respective roles of CPS and law enforcement in the investigation of child maltreatment reports with well-delineated mechanisms for accountability and follow through on investigations.

Recommendation 3.2: Expand the availability and utilization of Child Advocacy Centers.

Recommendation 3.3: Require coordinated investigations by CPS and law enforcement.



Recommendation 3.4: Facilitate and enhance the exchange of information between law enforcement and CPS through a shared data base that can be accessed by both parties and through clearer statutory provisions for the mandated sharing of information relevant to child abuse and neglect investigations.  
Recommendation 3.5: Require a multidisciplinary approach to the investigation of child maltreatment reports by strengthening the LB 1184 teams through funding for coordination, training and operating expenses for teams.

Recommendation 3.6: Facilitate communication and coordination between CPS and law enforcement agencies through co-location in urban areas and to the extent possible in rural areas of the state.  
Recommendation 3.7: Increase the capacity of law enforcement professionals to investigate child maltreatment reports through increased training.

Recommendation 4.1: The legislature must restore the Crimes Against Children Fund as quickly as possible.

Recommendation 4.2: The Office of the Attorney General should be given the responsibility for handling all juvenile court cases for abuse, neglect and termination of parental rights cases in all jurisdictions where there is no established Separate Juvenile Court. In jurisdictions having a Separate Juvenile Court, such responsibility should be retained by the elected county attorney.

Recommendation 4.3: Guardians ad Litem should be trained, accredited and required to certify to the court they have visited children they represent.

Recommendation 4.4: Court Appointed Special Advocate (CASA) programs should be coordinated by state funded coordinators.

Recommendation 4.5: The Supreme Court should undertake a study in conjunction with the Nebraska Bar Association (NSBA) to determine 1) to what extent the current judicial system is insensitive to children and 2) whether the establishment of a Family Court system is in the best interest of children of the state and its citizens.

Recommendation 5.1: Increase the number of Protection and Safety Staff to bring caseloads within state standards.

Recommendation 5.2: The Department of Health and Human Services should expand the hours CPS staff are available.

Recommendation 5.2: Take the appropriate steps to hire and retain competent Protection and Safety Workers and Supervisors. (NOTE: there are two 5.2 recommendations in the report)

Recommendation 5.3: HHS should move toward accreditation through the Council on Accreditation for Agencies serving Children and Families (COA).

Recommendation 6.1: Establish the Child Safety Fund.

Recommendation 6.2: Ensure the Attorney General's Office has the necessary resources to assume the new responsibilities they will be given through implementation of the recommendations in this report.

**NCAPF Program Grant  
2006-2007 Funding Cycle**

**BOARD MEMBER APPLICATION REVIEW FORM**

Proposal Number 06-\_\_\_\_\_ Year of Funding **1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>**  
(circle one)

Technical Screening and Review Form Completed by Technical Assistant Reviewed **YES NO**  
(circle one)

**I. Basic Information**

1. Application met basic submission requirements
  - a. Received by Deadline..... YES NO
  - b. Followed Formatting Instructions..... YES NO
  - c. Is an Eligible Applicant..... YES NO
  - d. Appropriate Amount of Funds Requested Based on Year of Funding..... YES NO  
(YR2 applicant eligible for 75% of YR1 award; YR3 eligible for 50% of YR1 award)
2. Percent of Funds Requested for Administrative Costs is Acceptable..... YES NO  
( $< 10\%$  is acceptable) If NO, recommend applicant revise budget to acceptable level YES NO
3. Technical Assistant report shows 2<sup>nd</sup> or 3<sup>rd</sup> Year Applicant in Good Standing..... YES NO

**Point Scale = 0 points for NO response** to section content instructions  
**1 point for a POOR response**, i.e. did not address content instructions specifically  
**2 points for a FAIR response**, i.e. somewhat addressed content instructions, but failed to address essential information requested in the content instructions  
**3 points for an ADEQUATE response**, i.e. addressed most content instructions, but only minimally – reviewer struggled to find clarity in the applicant response to content instructions  
**4 points for a VERY GOOD response**, i.e. addressed all content instructions, however, reviewer was still left with key questions regarding the content area  
**5 points for an EXCELLENT response**, i.e. applicant addressed all content instructions, information was well articulated, no errors in content (grammar/spelling/number calculations), and reviewer has a clear understanding of the information provided

**II. Narrative Sections III. Through XI. Total of 45 points possible**

POINTS GIVEN

**Section III – Introduction** 0-5 points possible.....

Applicant provides information concerning the organization's credibility and capacity to undertake the project, which may include a brief history, organizational accomplishments, collaborative efforts, board member and volunteer involvement, etc. If applying for year 2 or 3 of the project, applicant describes outcomes achieved to-date. If project is based on a researched program model, the research findings and source citation is included. Applicant has described the intended results of the project and how the project meets NCAPF Priorities and Governor's Children's Task Force Recommendations.

REVIEWER COMMENTS: \_\_\_\_\_

**Section IV – Organization and Personnel** 0-5 points possible.....

Applicant included a) **Organizational Chart** and where the proposed project fits within the structure, b) **CV/Resume** of Key Personnel if known, c) **Job Description** for key personnel, and d) list of **Board Members** designating current officers. Discussion regarding the involvement of volunteers is included if appropriate. If the organization is accredited and/or if key personnel are credentialed in the appropriate field of interest to this project, bonus points may be awarded under Preferences Section of this Review Form.

REVIEWER COMMENTS: \_\_\_\_\_

**Section V – Documentation of Need** 0-5 points possible.....

Applicant has provided current qualitative and quantitative data justifying the need for the proposed project in the targeted geographic area and/or for the targeted population if appropriate. Applicant answers the questions:

“Why is this project needed?”

“What are the priority child abuse prevention issues being addressed by the project?”

“Where is this project needed?”

“Why is the project directed at a specific population group?” (if appropriate)

“What impact(s) will the project have on the intended beneficiaries?”

“How will participants be selected?”

“How many persons will benefit from proposed activities?”

Applicant also describes any previous working experience they have with proposed service(s) and/or target population group. Applicant identifies if the project is new to their organization or if it is an expansion of a current service.

REVIEWER COMMENTS: \_\_\_\_\_

**Section VI – Other Services** 0-5 points possible.....

Applicant identifies other known services in the target area and/or for the target population that address the same or similar problem(s). Applicant explains any unique aspects of their proposed project if same/similar services already exist.

Applicant describes collaborative efforts that will be employed with other area service providers to assure non-duplication of effort and resources.

REVIEWER COMMENTS: \_\_\_\_\_

**Section VII – Project Plan** 0-5 points possible.....

Narrative section provides a description of the prevention approach selected and includes a rationale for this approach. If research based, applicant discusses how the approach has proven successful in preventing abuse/neglect elsewhere. Includes a brief history of the project strategy if already in use by the applicant. If in its 2<sup>nd</sup> or 3<sup>rd</sup> year of operation, applicant describes progress made to-date and any challenges encountered.

**Worksheets A, B, and C are accurately and thoroughly completed.** Objectives are time-framed and measureable and address both system-level and direct-service level changes/outcomes that will occur as a result of strategy implementation. Methods to achieve stated obj's are clearly articulated and describe who will carry out what services within what timeframe.

Description demonstrates how the applicant will measure progress and success, including specific measurement tools to be used and when they will be applied. If an outside party will conduct the evaluation, applicant describes the evaluators qualifications and the cost. A description of how the evaluation results will be used and who will be provided evaluation reports is included. Applicant may attach evaluation instruments to the grant proposal.

REVIEWER COMMENTS: \_\_\_\_\_

**Section VIII – Dissemination and Replication Plan** 0-5 points possible.....

A specific plan that identifies how others may replicate the project and how the results of the project will be shared with other interested parties is provided. If applicant is entering their 3<sup>rd</sup> year of the project, a completed Replication Packet must be attached to the proposal if they did not already provide the Packet as part of their Year End Report.

REVIEWER COMMENTS: \_\_\_\_\_

**Section IX. Budget** 0-5 points possible.....

The Project Budget Form is completed accurately and expenses are reasonable, considering the scope of the project activities. Administration costs are minimal; less than 10% of the total grant request. Matching funds are identified.

REVIEWER COMMENTS: \_\_\_\_\_

**Section X. Budget Justification** 0-5 points possible.....

A narrative description of every budget line item is provided and clearly explains the intended use of funds. If the applicant is entering its 2<sup>nd</sup> or 3<sup>rd</sup> year of funding, any significant budget changes from the previous year's grant award are described. Calculations used to derive both requested and matched dollars are provided. Applicant describes why NCAPF dollars are needed for the project, if any organizational funds will be used to support the project, and what other funding has been pursued in support of the proposed activities.

REVIEWER COMMENTS: \_\_\_\_\_

**Section XI. Future Funding** 0-5 points possible.....

Applicant acknowledges that the NCAPF award involves a Step-Down process for 2<sup>nd</sup> and 3<sup>rd</sup> funding years and provides a specific plan of action to off-set the reduced NCAPF grant award amount. Specific plan includes identification (by name) of other funding sources or internal agency funds that will replace NCAPF grant dollars and assure the program will remain operational after the NCAPF grant ceases. If applicant proposes to charge for any services funded by NCAPF, a description of who will be charged a fee, how fees will be applied (sliding fee schedules, etc.), the exact amount of the fee, consequences to intended beneficiaries if fees can not be paid, and how fees or other program income generated by the NCAPF grant award will be used by the applicant.

REVIEWER COMMENTS: \_\_\_\_\_

**III. Attachments – No Point Assignment**

No points will be assigned to the attachments section. If an attachment is missing from the proposal, the Technical Assistant will note this deficiency on the Application Technical Screening and Review Form.

**Section XII. Audit**

YES NO

Audit copy is included with the proposal and NCAPF dollars received by 2<sup>nd</sup> and 3<sup>rd</sup> year applicants are clearly identified.

**Section XIII. Drug Free Workplace Policy**

YES NO

Organization's Drug Free Workplace Policy copy is included in the proposal.

**Section XIV. Community Coordination Efforts**

YES NO

Applicant has included signed local Child Abuse Prevention Council Notification Form and letters of support from other agencies.

**IV. Preference Screening Criteria – Total of 13 Preference Points Possible**

Item	Identify/Comment
<b>a. Prevention Type</b> ~ Primary + 3 pts ~ Secondary +3 pts ~ Tertiary +1 pt <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Select only <u>one</u> type.</div>	+3 Points Possible   <div style="text-align: right;">Points Given _____</div>
<b>b. Research-Based Approach</b> ~ Model Program +1 ~ Research Source Cited +1 <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Select all</div>	+2 Points Possible   <div style="text-align: right;">Points Given _____</div>
<b>c. Qualifications</b> ~ Accredited agency +1 ~ Credentialed staff +1 <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Select</div>	+2 Points Possible   <div style="text-align: right;">Points Given _____</div>
<b>d. NCAPF Board Priorities</b>  <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">Assign +1, +2,</div>  <i>+1 pt for 1 priority being addressed; +2 for 2 priorities; +3 for 3 or more priorities addressed</i> ~ Parent Education & Support ~ Family Life Ed- for Youth ~ Coop/Coord of Community Agencies ~ Reduce Violence ~ Gen.Public &/or Comm. Professionals Info & Education ~ Reduce Emotional Abuse via Services For Youth &/or Parents	Parent Ed/Support   <div style="text-align: right;">Points Given _____</div>
	Family Life Youth Ed   
	Cooperation/Coordination   
	Reduce Media Violence   
	General Info & Ed   
	Reduce Emotional Abuse   
<b>e. Governor's Children's Task Force Recommendations</b> (prevention) Refer to Appendix B of the Task Force Final Report for specific program recommendations under Sect 1. Prevention Services. +1 for 1 recommendation being addressed; +2 for 2, +3 for 3 or more ~ <b>1.1 Universal home visitation services for new parents</b> ~ 1.2 Drug screening of newborns and follow-up services including tx for mothers ~ 1.3 Child abuse prevention ed in public and private schools ~ 1.4 PSA's on CA/N prevention topics ~ 1.5 Child Death Review Teams ~ 1.6 CA/N training for professionals working w/ children ~ 1.7 Mental health tx for youth to ensure early ID and tx of problems	<div style="text-align: right;">+3 points possible</div>   <div style="text-align: right;">Points Given _____</div>

TOTAL Preference POINTS GIVEN \_\_\_\_\_  
 +  
 TOTAL Narrative POINTS GIVEN \_\_\_\_\_  
 = \_\_\_\_\_ Points Given out of 58 possible

ADDITIONAL REVIEWER COMMENTS:

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Reviewer Recommends Funding Proposal..... YES NO

If YES, at what level of funding?

1. Full Funding in amount requested
2. Partial Funding for the following budget line items:

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Partial funding award amount recommended by reviewer \$\_\_\_\_\_